



**THE  
COLORADO  
TRUST**

# HEALTH EQUITY LEARNING SERIES

*Health Equity and the Social Determinants of Health*

ACHIEVING ACCESS TO HEALTH FOR ALL COLORADANS

## TRENDS

## What If We Were Equal? A Comparison Of The Black-White Mortality Gap In 1960 And 2000

Closing this gap could eliminate more than 83,000 excess deaths per year among African Americans.

by David Satcher, George E. Fryer Jr., Jessica McCann, Adewale Troutman, Steven H. Woolf, and George Rust

**ABSTRACT:** The United States has made progress in decreasing the black-white gap in civil rights, housing, education, and income since 1960, but health inequalities persist. We examined trends in black-white standardized mortality ratios (SMRs) for each age-sex group from 1960 to 2000. The black-white gap measured by SMR changed very little between 1960 and 2000 and actually worsened for infants and for African American men age thirty-five and older. In contrast, SMR improved in African American women. Using 2002 data, an estimated 83,570 excess deaths each year could be prevented in the United States if this black-white mortality gap could be eliminated.

THE 1985 TASK FORCE report on black and minority health raised national concern that 60,000 excess deaths were occurring annually because of health disparities, primarily among African Americans.<sup>1</sup> Healthy People 2010 named the elimination of health disparities as one of two overriding goals of the nation's public health agenda for this decade.<sup>2</sup> Health disparities are observed across a broad range of racial, ethnic, socioeconomic, and geographic subgroups in America, but the history of African Americans, rooted in slavery and postslavery segregation, motivates our focused analysis of black-white health disparities.<sup>3</sup>

In the past forty years, African Americans have witnessed some progress in civil rights, housing, education, employment, and health care. In 1960 segregation was evident in hospitals and doctors' offices throughout the South.<sup>4</sup> In 1960 there was no Medicare or Medicaid, and the infant mortality rate was 44.3 per 1,000 for African American babies and 29.2 for whites.<sup>5</sup> Health care and health status are now better for African Americans, but how far have we come in reducing inequality?

### Study Data And Methods

Using vital statistics data from the National Center for Health Statistics (NCHS) for each

David Satcher, U.S. surgeon general under President Bill Clinton, is director of the National Center for Primary Care and a professor of community health and preventive medicine at the Morehouse School of Medicine in Atlanta, Georgia. George Fryer is a professor of pediatrics at the University of Rochester (New York) School of Medicine and Dentistry and associate director of its Center for Child Health Research. Jessica McCann is an analyst at the Robert Graham Center in Washington, D.C. Adewale Troutman is director of the Louisville (Kentucky) Metro Health Department. Steven Woolf is professor and director of research in the Department of Family Medicine at Virginia Commonwealth University in Richmond. George Rust (GRust@msm.edu) is deputy director of the National Center for Primary Care and a professor of family medicine at Morehouse School of Medicine.



ACHIEVING ACCESS TO HEALTH FOR ALL COLORADANS

MARCH 2013



### How Language Access Issues Affect Patients, Policymakers and Health Care Providers

Prepared for The Colorado Trust by Erica Berach, JD; Sherry Freedland Welles, editor

» The inability to speak English fluently can create obstacles for hundreds of thousands of Coloradans. Perhaps nowhere is this situation more critical than when it comes to health care. Language barriers can prevent individuals from gaining access to health care and/or understanding their or a family member's health status, diagnosis or treatment instructions. Medical personnel may become frustrated with their inability to provide quality care to some patients, and medical organizations' efficiency can suffer when they have problems communicating with patients. Providing accessible and meaningful language services to limited-English speaking Coloradans is a key part of the work needed to reduce existing health disparities in the state.

More than 800,000 Coloradans (about 17 percent of the population) speak a language other than English in their home, according to the 2010 Census, and 7 percent of Colorado's population (nearly 328,000 individuals over the age of 5) are considered "limited English proficient" (LEP)—defined as speaking English less than "very well." Between 2000 and 2010, the number of Coloradans who spoke a language other than English at home grew by one-third, and the number with limited English proficiency grew by nearly one-fourth.<sup>1</sup> The growth in this population creates a challenge that Colorado policymakers and health care providers must address if all Coloradans are to be served equally in the state's health care system.

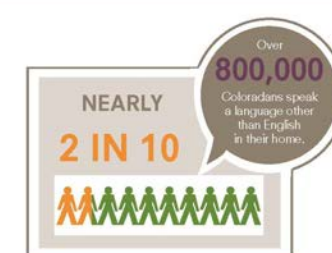
The report, *How Language Access Issues Affect Patients, Policymakers and Health Care Providers*, examines the issues around language access, including:

- Importance of language access in health care
- Legal requirements and policy opportunities for providing language access
- Approaches health care providers can use to overcome challenges and improve language access opportunities.

This report is available at [www.coloradotrusted.org](http://www.coloradotrusted.org).

### IMPORTANCE OF LANGUAGE ACCESS

Evidence indicates language barriers compromise quality of care and patient safety. Patients who face language barriers are less likely to have a usual source of medical care, they receive preventive services at reduced rates and they have an increased risk of nonadherence to medication.<sup>2</sup> A 2007 study reported that 52 percent of adverse events that occurred



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*Achieving access to health for all Coloradans*

ABOUT US

PROGRAM AREAS

GRANTS

HEALTH POLICY

EVALUATION

PUBLICATIONS

NEWS & MEDIA

## Health Equity Learning Series

An educational program of The Colorado Trust, the Health Equity Learning Series aims to increase knowledge and awareness of health equity through presentations from experts discussing factors that increase disparities and solutions that advance health equity.

SIGN UP FOR MORE INFORMATION >

### UPCOMING EVENTS

Through our Health Equity Learning Series, we are pleased to host four events in 2013 featuring national experts:

- **SEPT. 12: Elizabeth Myung Sook Krause**, Vice President of Policy and Communications, Connecticut Health Foundation, and **Nichole June Maher**, MPH, President, Northwest Health Foundation, **Yanique Redwood**, PhD, President and CEO, Consumer Health Foundation, will speak about foundation solutions to advance health equity
- **NOV. 15: Anthony Iton**, MD, Senior Vice President, The California Endowment and **Winston Wong**, MD, Medical Director, Kaiser Permanente, will speak about solutions for tackling social determinants of health

In addition to The Trust hosting these distinguished speakers over luncheon events at our office in Denver, we will be partnering with others across the state to host simultaneous events in their communities with live-stream viewing of the events, also over lunch, followed by discussion and networking.

### INFORMATION FROM PREVIOUS EVENTS

- **June 6, 2013 - Brian Smedley, PhD**, Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies
- **January 31, 2013 - Paula Braveman, MD**, Director of the Center on Social Disparities in Health within the School of Medicine at the University of California, San Francisco

### NEWS

- **02/21/13 Making Sense of Health Differences, Disparities and Equity**

### PUBLICATIONS

- *Addressing Health Disparities Through Organizational Change - Evaluation Report (2012)*
- *Adult Immunization & Health Screening and Education Project: A Model for Improving Minority Health - Evaluation (2005)*
- *Equality in Health - An Annotated Bibliography with Resources on Health Disparities and Cultural and Linguistic Competency (2007)*
- *Health Equity and the Affordable Care Act - Summary (2013)*
- *How the Affordable Care Act Can Help to Advance Racial and Ethnic Equity in Colorado (2013)*
- *Policy Brief on Mental Health Disparities in Colorado - Full Report (2006)*
- *Policy Brief on Mental Health Disparities in Colorado - Summary (2006)*

### RELATED LINKS

- *A Profile of Health Insurance Exchange Enrollees*
- *A Roadmap for Health Equity*



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## Viewing Parties

- Alamosa
- Colorado Springs
- Durango
- Eagle
- Fort Collins
- Frisco
- Glenwood Springs
- Grand Junction
- Gunnison
- La Junta
- Leadville
- Montrose
- Monte Vista
- Pueblo
- Steamboat
- Yuma





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**#healthequityTCT**



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## Today's Presenter



Adewale Troutman, MD  
Director, Public Health Practice Program,  
University of South Florida  
President, American Public Health Association



THE  
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a four-hour  
documentary  
series  
exploring  
America's  
racial and  
socioeconomic  
inequities  
in health



# UNNATURAL CAUSES

...is inequality making us sick?

Produced by California Newsreel with Vital Pictures. Presented by the National Minority Consortia of public television. Outreach with the Joint Center for Political and Economic Studies Health Policy Institute. [www.unnaturalcauses.org](http://www.unnaturalcauses.org). DVD available at [www.newsreel.org](http://www.newsreel.org).

# The Colorado Trust Health Equity Learning Series

Adewale Troutman, MD, MPH, MA, CPH



School of Public Health *"My Practice, My Passion"*

Denver, Colorado  
July 25<sup>th</sup> 2013



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# Born in to.....

- Poverty
- Racial Tension
- Urban Ghetto
- Segregation
- No Green Space
- Public Transportation dependency
- Domestic Violence
- Alcoholism
- Single Parent
- Absent Father
- Abandonment

My personal story “Drumbeat Heartbeat”

# The things that saved me.....

- Love of reading , sports
- Passion for music, poetry
- Connection to “The Movement” Civil Rights
- Discovery of the rich history of African People, the Diaspora and people of Color
- The notion that I really could change the world
- Commitment to the Power of One and that
- “I” had the power

# Denver, Colorado

We are ALL Connected

- A Hispanic baby born in this state is 63 percent more likely than a white baby to die in the first year of life.
- And Latinos aren't alone – the disparity is even more stark for Colorado's African Americans, who experience an infant mortality rate three times that of Caucasians.
- A deeper examination of the numbers shows that the infant mortality rate for Hispanics has climbed in recent years at the same time that it was steadily falling for whites, according to data compiled by the Colorado Department of Public Health and Environment.

# Denver, Colorado

We are ALL Connected

- The numbers are starkly worse in Colorado, where African American babies experience 14.5 deaths for each 1,000 births, according to an average of data from 2007 through 2011 calculated by the state health department.
- That figure would place black Coloradans between the overall infant mortality rates of China and Colombia, according to a World Bank compilation of health data.

- We are all connected.....



“We are all  
Connected by  
the great circle  
of life”

*Mufasa  
The Lion King*



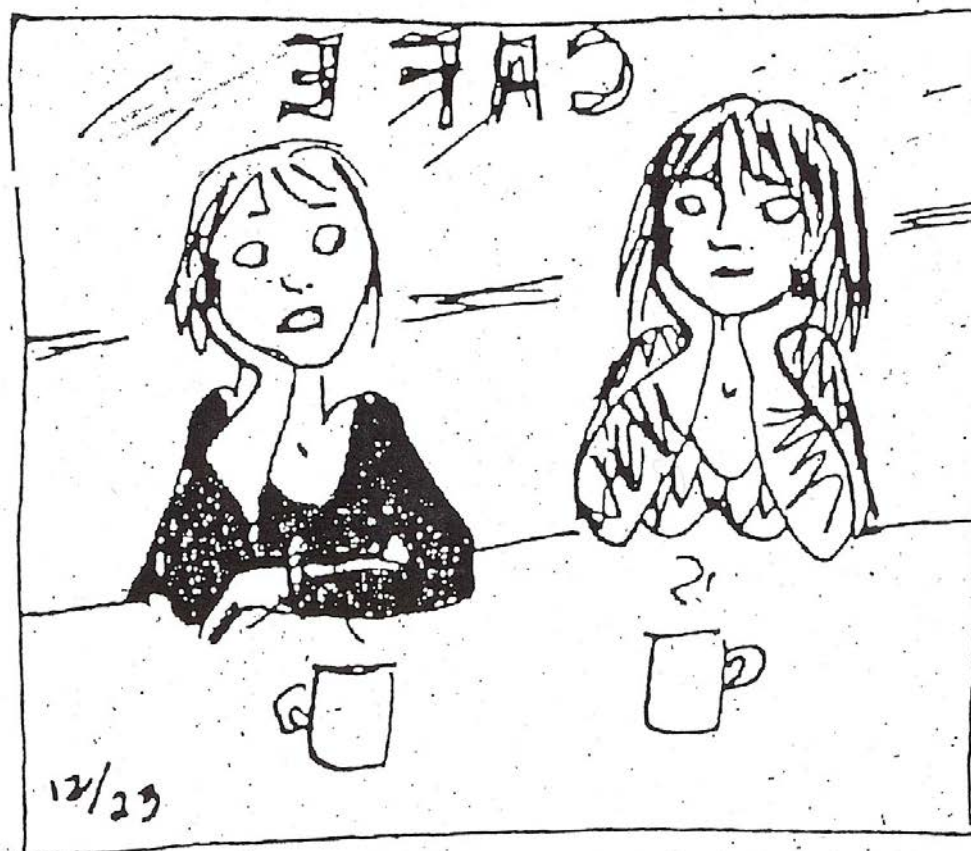
# How you frame an issue...

The questions you ask determines

- your analysis of the issue
- how you prioritize it
- your policy choices
- resource allocation
- your allies and your enemies
- define when an issue has been resolved

# Reframing

- Individual (Medical model) vs. Population Health
- Market Justice vs. Social Justice
- Rights vs. Privileges
- Biological/Behavioral Determinants vs. **Social Determinants**
- Creating Health Equity vs. **Eliminating Health Disparities**
- Health vs. Healthcare (Affordable Care Act and “Obamacare”)



Stephanie 0.04

"What do I want for Christmas? World Peace is asking a lot. I'd settle for universal health care!"

# AFORDABLE CARE ACT

## Public Health

- Medicaid
- Health Insurance Exchange
- Employer Requirements
- Public Health Prevention
- Safety Net
- Delivery and Payment Reform
- Data Collection
- Research
- Workforce Development
- Social Determinants of Health

# Healthy People 2020

- **Vision** – A society in which all people live long, healthy lives and attain high quality, longer lives free of preventable, disability, injury and premature death
- **Overarching goals:**
  - Eliminate preventable disease, disability, injury and premature death.
  - Achieve health equity, eliminate disparities, and improve the health of all groups.
  - Create social and physical environments that promote good health for all.
  - Promote healthy development and healthy behaviors across every stage of life.



# APHA President's Overarching Goals 2012-2013

- Creating Health Equity
- Assuring the right to health and healthcare
- Rebuilding the public health capacity and workforce (Pipelining)

American Public Health Association Annual Meeting

November 2-6<sup>th</sup> 2013

Boston, MA

# Health Equity

Health equity is the realization by **all people** of the **highest attainable level of health**.

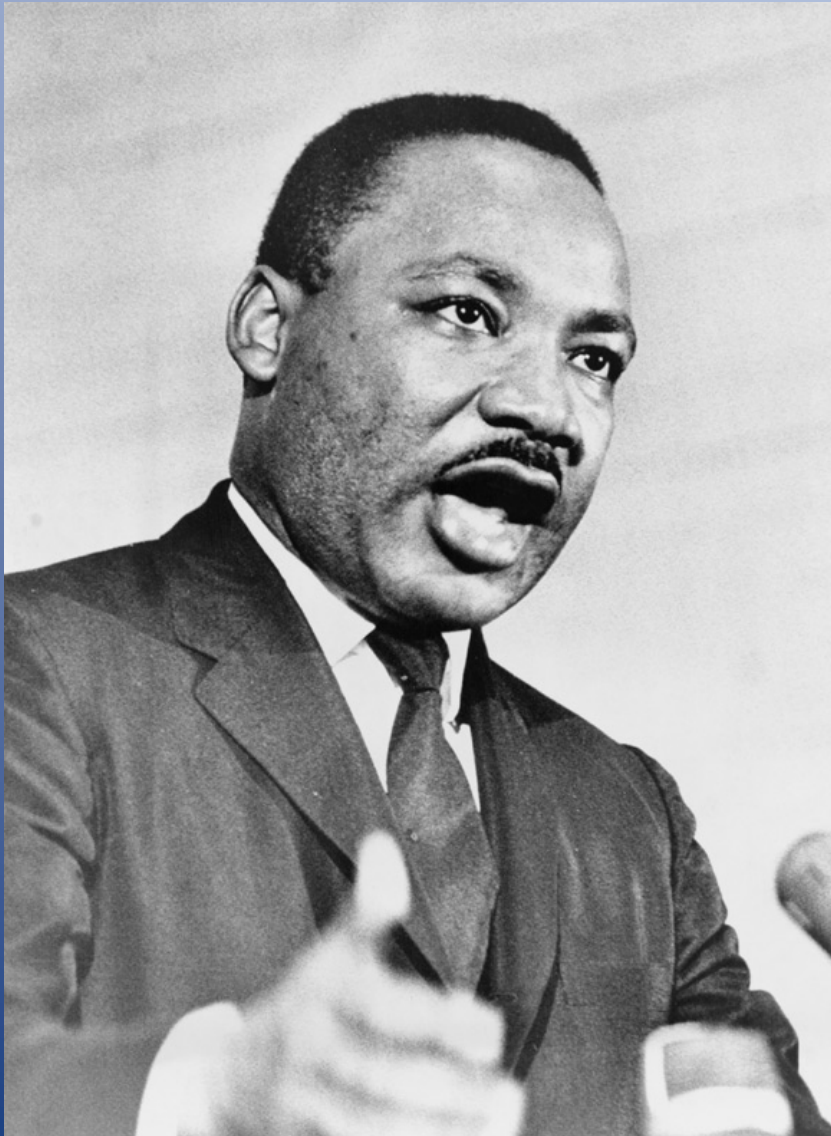
Achieving health equity requires **valuing all individuals and populations equally**, and entails focused and ongoing societal efforts to address avoidable inequalities by assuring the conditions for **optimal health for all groups**, particularly for those who have experienced **historical or contemporary injustices or socioeconomic disadvantage**.

# Health Inequities

Health Inequities are “**systemic, avoidable, unfair and unjust**” differences in health status and mortality rates and in the distribution of disease and illness across population groups. They are sustained **over time and generations** and **beyond the control of individuals**.

—Margaret Whitehead  
Department of Public Health  
University of Liverpool

Asiana Airlines crashes recently  
in San Francisco



“Of all the injustices,  
injustices in health are  
the most shocking and  
inhumane”

Dr. Martin Luther King Jr.



**Social justice** is a matter of **life and death**.

It affects the way people live, their consequent chance of illness, and their **risk of premature death...**

[www.who.int/social\\_determinants](http://www.who.int/social_determinants)

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# Closing the gap in a generation

Health equity through action on the social determinants of health



# Human Rights

- A higher order right MORALLY based and UNIVERSAL. they are human beings. It belongs to all persons equally.

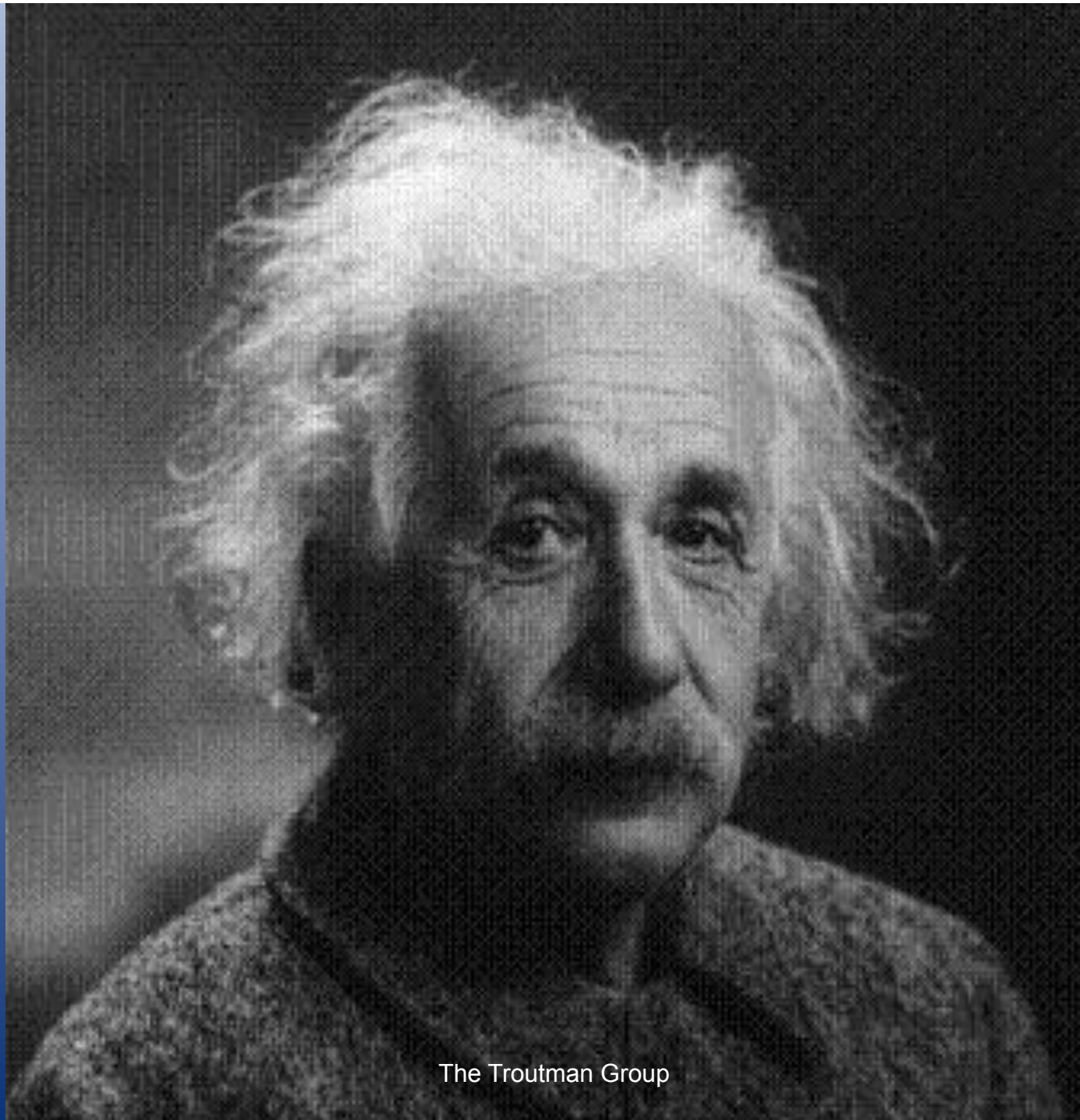
“Life liberty and the pursuit”?

“2<sup>nd</sup> Amendment, Right to bear arms”

# Health is a Basic Human Right Not a Privilege

Preamble to the constitution of the  
**World Health Organization**  
states

The enjoyment of the highest standard of health  
is one of the fundamental rights of every human  
being without distinction of race, religion,  
political belief, economic or social condition



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A New Direction  
An Exciting Direction  
A Bold Direction

# Social Determinants



Looking  
upstream,  
finding the  
causes of the  
causes.

*“The web of  
causation”*

Nancy Kreiger

**Finding the balance**



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# Social Determinants of Health

- The **complex, integrated**, and overlapping social structures and economic systems that are responsible for most health inequities. These social **structures and economic systems** include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources **throughout local communities, nations, and the world**

# Social and Physical Determinants of Health

## What are the social determinants of health?



# Social Determinants

Yield greater and more sustainable returns

- Socioeconomic Status
  - Occupation
  - Education
  - Income-Poverty
- Racism & Discrimination
- Housing
- Political Power
- The Social Gradient
- Stress
- Early Life
- Social Exclusion
- Work
- Environment
- Unemployment
- Social Support
- Addiction
- Food
- Transport

# Education

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# Children Raised in Poverty

- **Have lower levels of educational attainment**
  - more likely to score lower on standardized tests, be held back a grade, drop out of high school,
  - less likely to get a college degree
  - attend schools with fewer resources
  - suffer from poor nutrition, chronic stress, and other health problems that interfere with their school work
  - change residences and schools frequently as their families struggle to find affordable housing
- **Have lower earnings and are more likely to live in poverty as adults**
- **Educational attainment and life expectancy**

# Education Influences Health

- Improve health by increasing health knowledge
- Leads to greater employment opportunities
- Linked to social and psychological factors that affect health
- PQLI experience
- “55,000 degrees”



# Income

# Income Inequities

- Kennedy, Kawachi and Prothrow Stith (Harvard University of Public Health 1995)
- 282 cities in the U.S.
- Death from income inequities “ is comparable to the combined loss of life from lung cancer, diabetes, motor vehicle crashes, HIV infection and homicide”

# Housing

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# Place Matters

## The Built Environment

“Tell me how a man died and I’ ll tell  
you where he lived”

*Aristotle*

# Segregation

“It is often easier to become outraged by injustice half a world away than by oppression and discrimination half a block from home.”

—Carl T. Rowan  
Author and journalist

- **Place and Environment**





Racism

# What is racism?

A system of structuring opportunity and assigning value based on **the social interpretation of how one looks (“race”)**

- **Unfairly disadvantages** some individuals and communities
- **Unfairly advantages** other individuals and communities
- Saps the strength of the whole society through the waste of human resources

# Levels of Racism

Individually Mediated

Institutionalized

Internalized

Camara Jones, MD, PhD

CDC









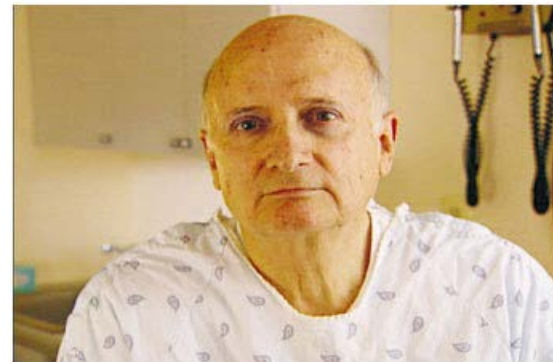
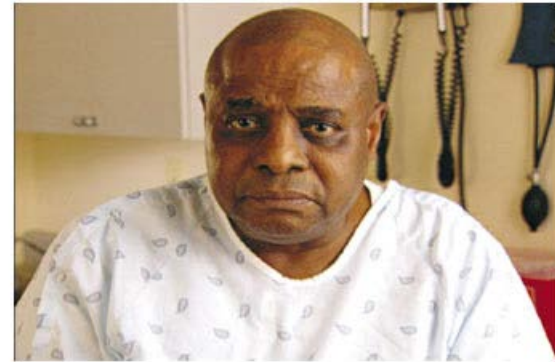
# UNEQUAL TREATMENT

CONFRONTING RACIAL  
AND ETHNIC DISPARITIES  
IN HEALTH CARE

INSTITUTE OF MEDICINE



A healthcare system of sick care with underlying racial profiling and no real cultural competence



# Tips for Staying Healthy:

## A Social Determinants Approach

1. Don't be poor. If you can, stop. If you can't, try not to be poor for too long.
2. Don't have poor parents.
3. Don't live in a poor neighborhood.
4. Own a car – but use only for weekend outings. Walk to work.
5. Practice not losing your job and don't become unemployed.
6. 6. Don't be illiterate.
7. Avoid social isolation.
8. Try not to be part of a socially marginalized group.

# Center for Health Equity (CHE)

Taking CONVERSATION to ACTION

Located in a minority community, CHE works to eliminate social and economic barriers to good health.

Established to reshape the public health landscape, and serve as a catalyst for capacity building and policy change initiatives.







# Health Equity through COMMUNITY ENGAGEMENT

- **Staff Training on Community Organizing**
- Staff and Community Training on Capacity Building
- **Community Policy Mini-grants**
- Speakers series
- On line learning in Health Equity for consumers and state employees in health
- Food Security Task Force
- **Community Visioning Process**
- Undoing Racism Trainings
- Framing Research followed by Social Marketing Strategy
- Emergency Preparedness and Health Equity/Social Justice

# CHAMPION HEALTH IN ALL POLICIES

Find ways to be CREATIVE and INOVATIVE

- Department of Transportation
- School Administrators
- Land use Decision Makers
- Parks and Recreation
- Business/ Corporations
- Housing Authorities
- Social Service
- Police/ Law Enforcement



# PICK A PARTNER

- One of the great strengths of Public Health
- Importance of empowerment and capacity
- Identifying Non traditional Partners
- True Partnership
  - CBPR

## Collaborations

The active and planned participation of diverse organizations, groups and individuals in a **collective effort** to define and address issues in the community

## Partnerships

Partnerships and collaboration suggest relatively structured and formal relationships that are focused on achieving specific, collective goals

**Building a collective consciousness**





# Increased Neighborhood Access



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### Strategy 3: Expand access to and distribution of healthy food.



Photo Voice  
Phyllis Wheatley Students  
present  
Photo-voice Exhibits

- Youth empowerment through engagement
- Youth as creators, producers, interpreters
- Raise awareness about the policy process
- Presentation to policy makers
- ( Mayor Metro Council, Board of Health, Business Leaders, Community)





If my community were healthy it would look like, no people littering, people riding bikes, no people dealing drugs, kids playing at the park, no gunshots, parents and kids walking their dogs, no people smoking, parents taking their baby's in a stroller to the park to walk them around the park. Denzel: age 10

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My neighborhood  
has many train  
tracks and a really  
big factory that  
does something, I  
don't know what.  
There is a church, a  
community center  
but there is no  
store close to  
where I live.

D' coreyan: age 10



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Every day I go to the community center on the side of it, they are selling drugs or showing off their guns and sometimes I am scared to walk pass because I think they will shoot me.

Michael: age 10



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# UNNATURAL CAUSES

**Is Inequality Making Us Sick?**

# Unnatural Causes

## PBS Mini Series

1. Health is more than health care.
2. Health is tied to the distribution of resources.
3. Racism imposes an added burden.
4. The choices we make are shaped by the choices we have.
5. High demand + low control = chronic stress.
6. Chronic stress can be deadly.
7. Inequality – economic and political – is bad for our health.
8. Social policy is health policy.
9. Health inequities are not natural.
10. We all pay the price for poor health.

–Unnatural Causes



# My hope is that.....

- Gained new knowledge
- Will use the knowledge
- Found relevancy in what you do
- Worth your time
- Gave new perspective
- Generated a national discussion on justice
- At least one actionable item
- Inspired



# What Can WE do

- Strive for a Collective Consciousness
- Find Political will, it takes courage
- Become a true Ambassador for Health Equity and Social Justice
- Redefine your personal and professional values
- Start looking at the world as if we all came from “one womb” - Johnetta Cole
- “There is no them. There is only us”
- Remember the POWER OF ONE is real
- Be willing to take The Risk
- Remember this has to be a MOVEMENT

# Summary of the Racial and Ethnic Health Disparities in Colorado 2009 report: **A Good Start**

- Recommendation for Improving the Social Determinants of Health
- Recommendation for Improving the Practice of Epidemiology
- Recommendations for Improving Cultural and Linguistic Competence
- Recommendations for Improving Work Force Diversity and Leadership Development in the Health Professions
- Recommendations for Health Promotion and Preventive Care
- Recommendations for Improving Mental Health Disparities
- Recommendations for Strengthening the Safety Net System

**BECOME THE MOVEMENT BEHIND THESE RECCOMENDATIONS**

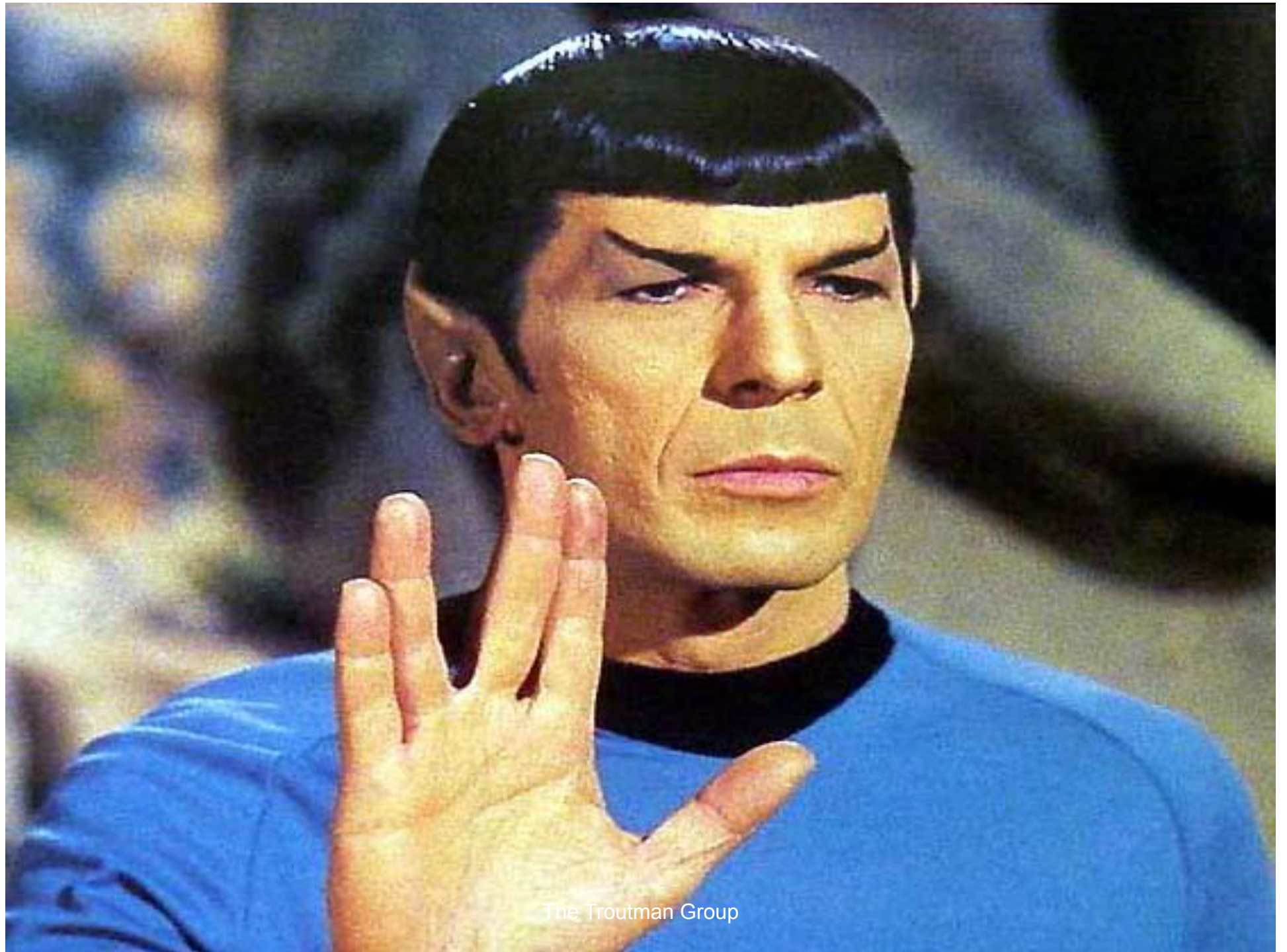


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# Additional Resources

- *Social Determinants of Health: The Solid Facts*. WHO <http://www.euro.who.int/document/e81384.pdf>
- *Why Place Matters: Building the Movement for Healthy Communities*. PolicyLink. [http://www.policylink.org/documents/WhyPlaceMattersreport\\_web.pdf](http://www.policylink.org/documents/WhyPlaceMattersreport_web.pdf)
- Unnatural Causes <http://www.unnaturalcauses.org>
- Occupy Public Health <http://occupypublichealth.org>



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Karen Koenemann  
Eagle County Public Health  
Healthy Communities Manager

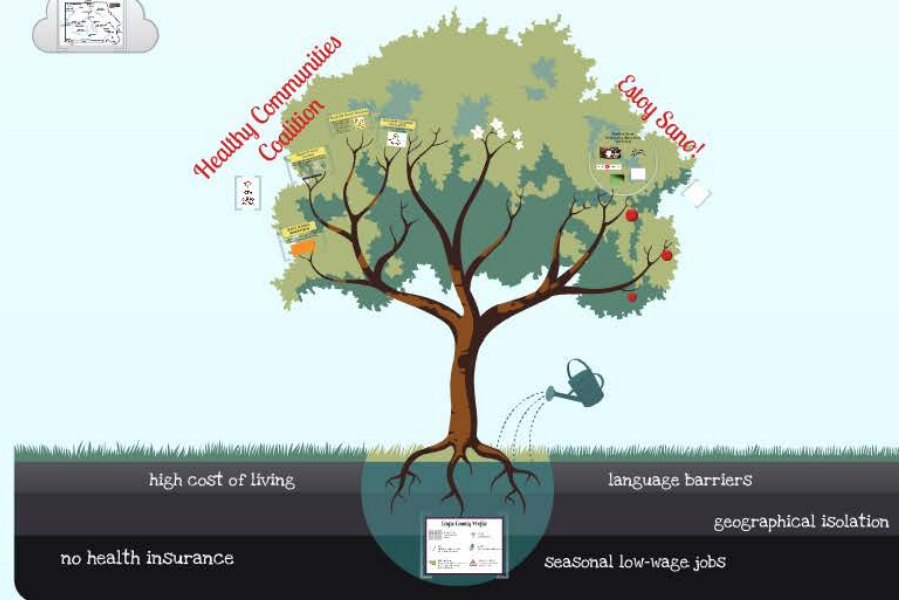


George Ware  
Taking Neighborhood Health to Heart  
Co-chair



Healthy Communities  
Coalition

Enjoy Sane!

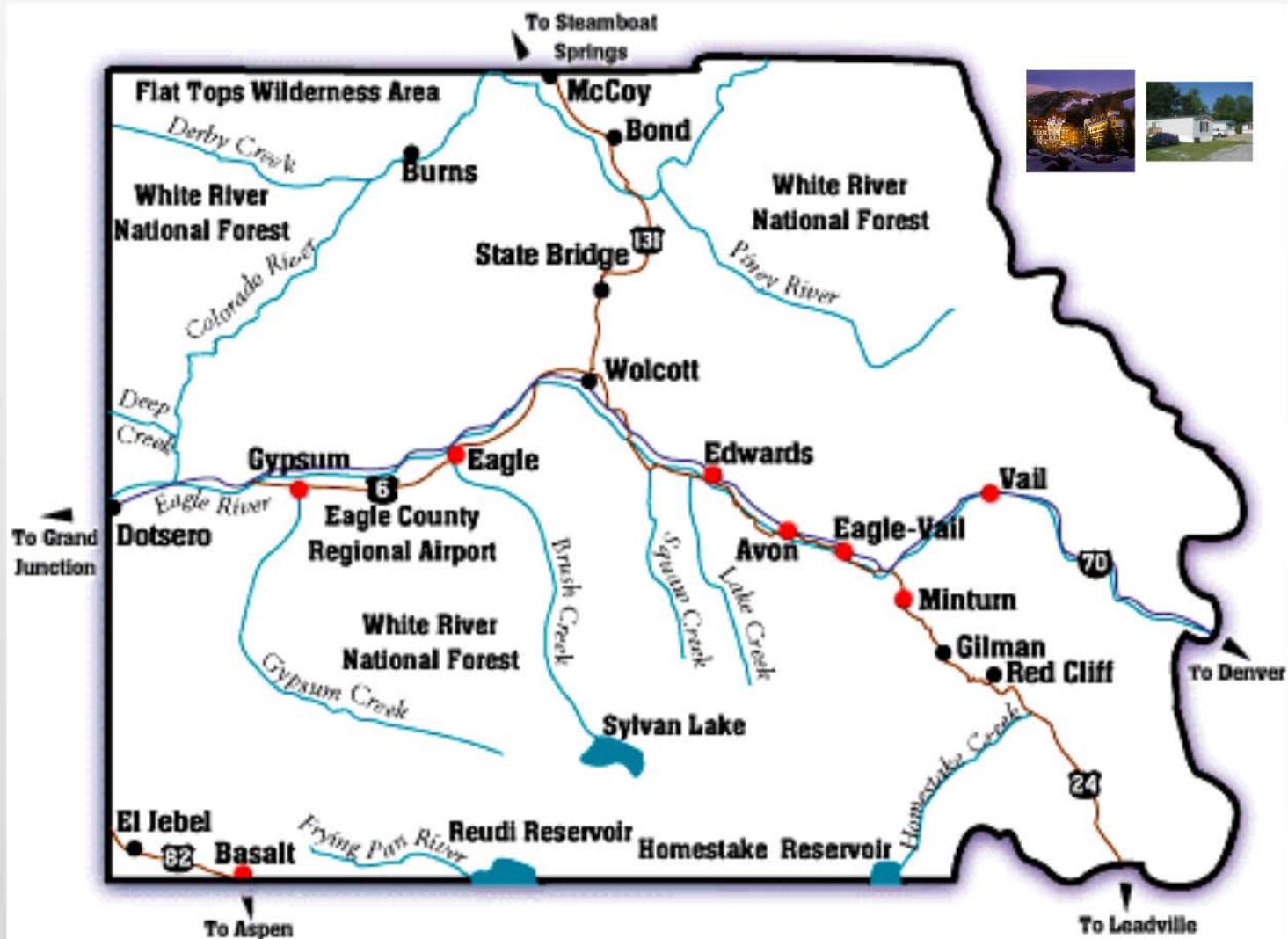


EAGLE COUNTY

Karen Koenemann  
Healthy Communities Manager  
Eagle County Public Health Department  
Health and Human Services



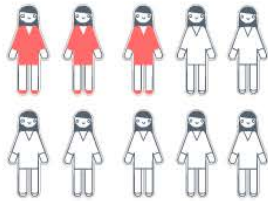
Karen Koenemann  
Healthy Communities Manager  
Eagle County Public Health Department  
Health and Human Services







# Eagle County Profile



3 out of 10  
residents are  
Latino



30%  
Uninsured



9%  
Linguistically isolated  
vs. 4% in Colorado



4.7%  
Latinos have diabetes



\$26 per hour  
Wage needed for a women  
with 2 children to be  
self-sufficient



17.1% vs. 13.1%  
Hispanic vs. white  
obesity rate



Healthy Communities  
Coalition

Estoy Sano!



high cost of living

language barriers

geographical isolation

no health insurance

seasonal low-wage jobs





**HEALTHY  
COMMUNITIES  
COALITION**  
OF EAGLE COUNTY  
**LIVE PLAY EAT FEEL HEALTHY HERE**

**our vision**

By 2020, Eagle County will be a community that promotes and fosters a healthy environment for all.

**our mission**

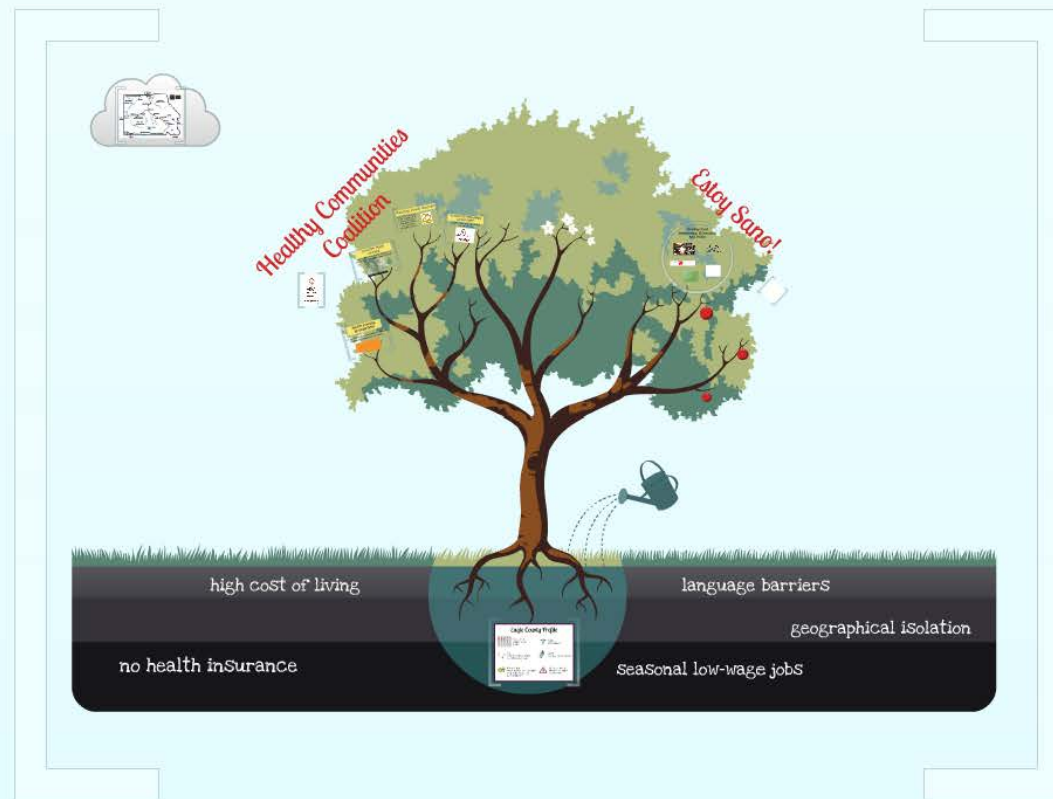
The Healthy Communities Coalition facilitates and empowers the community into action for lifelong wellness through healthy eating and active living.





# iEstoy Sano!

A Project of Eagle County Public Health



Karen Koenemann  
Healthy Communities Manager  
Eagle County Public Health Department  
Health and Human Services



# Taking Neighborhood Health to Heart



**An Upstream Health Initiative**

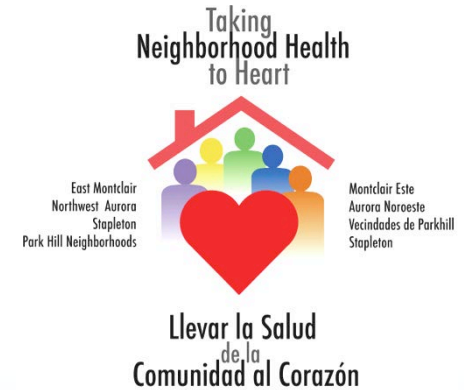
# Community-Based Participatory Research

“Collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.”

WK Kellogg Foundation



# Taking Neighborhood Health to Heart History



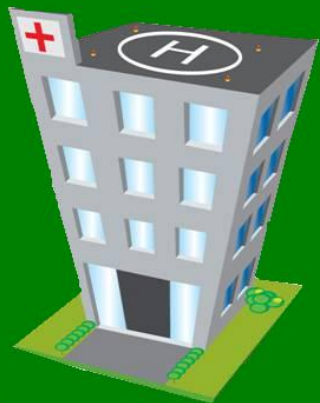
- A 2007 NHBLI-funded community-based participatory research project designed to:
  1. Engage diverse people in five neighborhoods as participants in research.
  2. Collect critical data on the health of people and target neighborhoods -- key focus on physical activity, healthy eating, obesity, CVD.
  3. Make sense of data to identify community needs, strengths and next steps.
- Research focus: study the impact of the built and social environment on health and health disparities.

## Table 2. Types of Data Collected in Our “Footprint”

<p><b><u>Individual Health</u></b></p> <ul style="list-style-type: none"> <li>•General Health Measures</li> <li>•Access to Health Care</li> <li>•Chronic Health Conditions</li> <li>•Age, Height, Weight</li> <li>•Levels of Physical Activity</li> <li>•Transportation</li> <li>•Diet and Food Information</li> <li>•Tobacco and Alcohol Use</li> <li>•Stress</li> </ul>	<p><b><u>Physical Environment of Neighborhood</u></b></p> <ul style="list-style-type: none"> <li>•Housing</li> <li>•Other Types of Buildings</li> <li>•Public Transportation</li> <li>•Recreational Spaces</li> <li>•Safety from Crime</li> <li>•Street Conditions</li> </ul>
<p><b><u>Neighborhood Resources/Amenities</u></b></p> <ul style="list-style-type: none"> <li>•Food Resources</li> <li>•Safety/Civic Resources</li> <li>•Transportation</li> <li>•Recreational Resources</li> <li>•Outdoor Activities/Resources</li> <li>•Schools</li> <li>•Community Health Centers</li> </ul>	<p><b><u>Neighborhood Food Resources</u></b></p> <ul style="list-style-type: none"> <li>•Food Store Locations</li> <li>•Food Price/Quality/Availability</li> <li>•Types of food</li> </ul>
<p><b><u>Neighborhood Demographics</u></b></p> <ul style="list-style-type: none"> <li>•Race/Ethnicity, Age/Gender</li> <li>•Diversity/Segregation</li> <li>•Household Income/ Education Levels</li> <li>•Occupations/ Employment Status</li> <li>•Poverty Status</li> <li>•Language Information</li> </ul>	<p><b><u>Perceptions of Neighborhoods</u></b></p> <ul style="list-style-type: none"> <li>•Neighborhood Safety</li> <li>•Trust among neighbors/ social cohesion</li> <li>•Racism/Discrimination</li> </ul>

# Collecting Data on Neighborhood Health

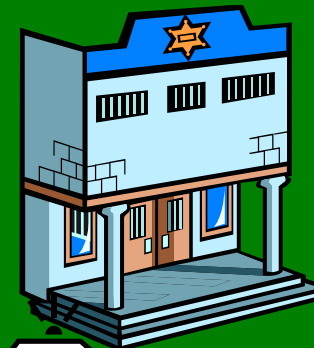
Hospitals and Local Health Centers: Access to Healthcare



Options for Physical Activity



Grocery Store: Proximity, Quality & Availability of Food, Local Use



Neighborhood Crime

Individual Health Data:

Physical Activity, Chronic Disease



Household Demographic Data (Census)



Availability of Sidewalks



Traffic Safety

Street Connectivity



Public Transportation

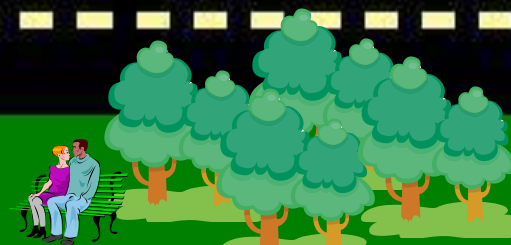
Neighborhood Schools



Park Data: Proximity, Amenities



Social Cohesion



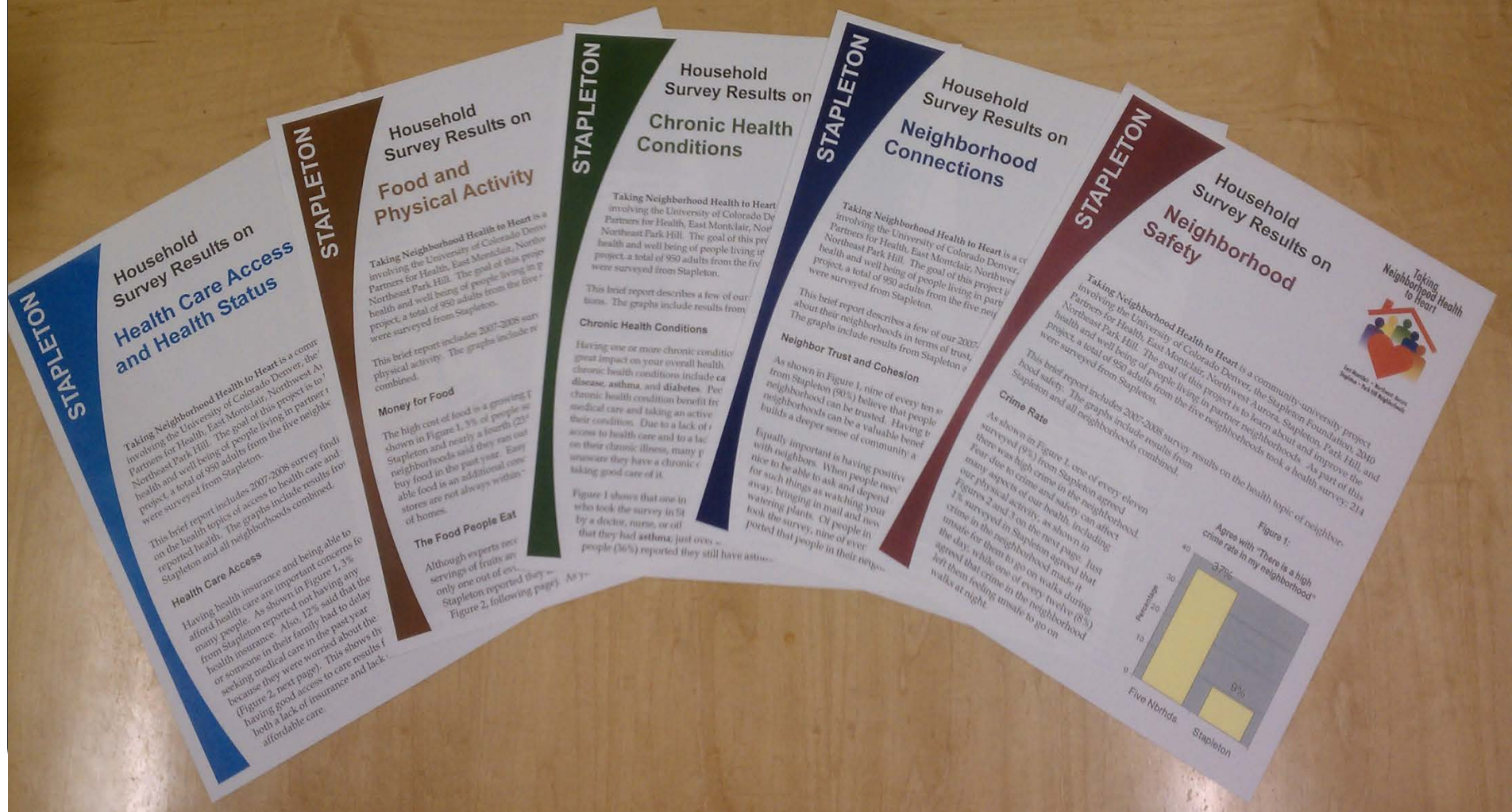
Litter



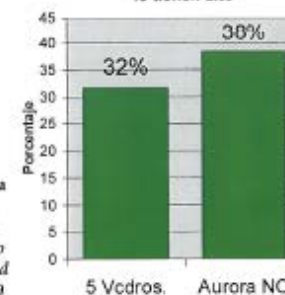
Street Lighting



# Neighborhood Health Briefs









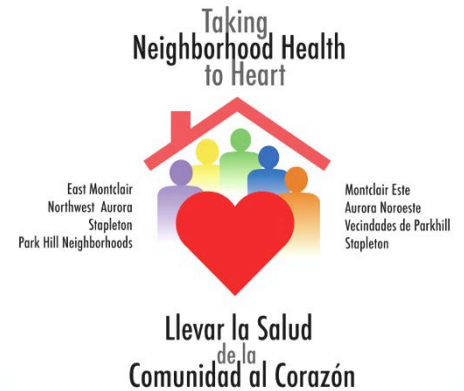
# Studies Using Taking Neighborhood Health to Heart Data & CBPR Engagement Principles



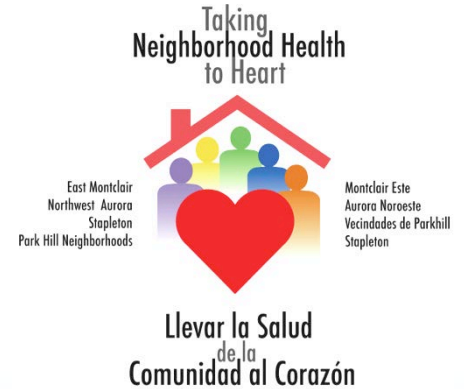
- 2007 Original National Heart, Lung & Blood Institute Study [Principal Investigator: Debbi Main, Ph.D.]
- 2008 Colorado Health Foundation & 2040 Partners Kids' Study [PI: Ira Gorman, PT with Debbi Main, Ph.D. Advisor]
- 2008 Social Capital Study [PI: Jennie Hill, Ph.D., Debbi Main, Ph.D. Advisor]
- 2009 Robert Wood Johnson Concept Mapping/Society of Youth Study [PI: Stephanie Phibbs, MPH with Debbi Main, Ph.D. Advisor]
- 2009 CO Clinical Translational Science Institute "Heart to Heart" Study to DRAD/Taking Neighborhood Health to Heart and 2040 Health: Use of Small Group Venues for Dissemination & Data Collection in Apartment/Multi-unit Dwellings [PI's: Debbi Main, Ph.D., Patti Iwasaki, MSW, George Ware, M.S. and Tracey Stewart, M.Ed.]
- 2009 Food Basket Study [PI: Debbi Main, Ph.D.]
- 2011 Office of Women's Health "Assessing Health Among Low-Income, Isolated, Ethnic Women: 3 Views" [Taking Neighborhood Health to Heart & Colorado Alliance for Health Equity & Promotion]
- 2012 CO Clinical Translational Science Institute "Best Ways to Reach Isolated Elderly Women" (PI's: Debbi Main, Ph.D., George Ware, M.S.)

# TNH2H Visions of Healthy Neighborhoods

- Sidewalks, well-lit streets
- Parks and bikeways
- Quality schools and opportunities for lifelong learning
- Connected neighbors
- Opportunities and venues for socializing
- Local businesses providing jobs, economic security
- Ready access to affordable, healthy food
- Supports for mental and emotional health
- Access to health care services
- Access to health-promoting information



# TNH2H Actions Toward Healthy Neighborhoods



- Created a community garden.
- Enlisted local restaurants' participation in the *Smart Meals* program.
- Held *Soup, Share and Learn* events.
- Shared TNH2H data to inform a health impact assessment, program/policy-related grant applications, an elementary school class' s health module, and a medical student study exploring experiences of discrimination when receiving health care.
- Convene monthly meetings of the TNH2H council.

**Taking  
Neighborhood Health  
to Heart**

East Montclair  
Northwest Aurora  
Stapleton  
Park Hill Neighborhoods



Montclair Este  
Aurora Noroeste  
Vecindades de Parkhill  
Stapleton

**Llevar la Salud  
de la  
Comunidad al Corazón**

**TAKING NEIGHBORHOOD HEALTH TO HEART**

**[www.tnh2h.org](http://www.tnh2h.org)**

Email: [TNH2HColorado@gmail.com](mailto:TNH2HColorado@gmail.com)





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## Join us in the discussion...

- Q & A from the audience
- Submit questions via Twitter:  
[#healthequityTCT](#)



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*Achieving access to health for all Coloradans*

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## Health Equity Learning Series

An educational program of The Colorado Trust, the Health Equity Learning Series aims to increase knowledge and awareness of health equity through presentations from experts discussing factors that increase disparities and solutions that advance health equity.

SIGN UP FOR MORE INFORMATION >

### UPCOMING EVENTS

Through our Health Equity Learning Series, we are pleased to host four events in 2013 featuring national experts:

- **SEPT. 12: Elizabeth Myung Sook Krause**, Vice President of Policy and Communications, Connecticut Health Foundation, and **Nichole June Maher**, MPH, President, Northwest Health Foundation, **Yanique Redwood**, PhD, President and CEO, Consumer Health Foundation, will speak about foundation solutions to advance health equity
- **NOV. 15: Anthony Iton**, MD, Senior Vice President, The California Endowment and **Winston Wong**, MD, Medical Director, Kaiser Permanente, will speak about solutions for tackling social determinants of health

In addition to The Trust hosting these distinguished speakers over luncheon events at our office in Denver, we will be partnering with others across the state to host simultaneous events in their communities with live-stream viewing of the events, also over lunch, followed by discussion and networking.

### INFORMATION FROM PREVIOUS EVENTS

- **June 6, 2013 - Brian Smedley, PhD**, Vice President and Director of the Health Policy Institute of the Joint Center for Political and Economic Studies
- **January 31, 2013 - Paula Braveman, MD**, Director of the Center on Social Disparities in Health within the School of Medicine at the University of California, San Francisco

### NEWS

- **02/21/13 Making Sense of Health Differences, Disparities and Equity**

### PUBLICATIONS

- *Addressing Health Disparities Through Organizational Change - Evaluation Report (2012)*
- *Adult Immunization & Health Screening and Education Project: A Model for Improving Minority Health - Evaluation (2005)*
- *Equality in Health - An Annotated Bibliography with Resources on Health Disparities and Cultural and Linguistic Competency (2007)*
- *Health Equity and the Affordable Care Act - Summary (2013)*
- *How the Affordable Care Act Can Help to Advance Racial and Ethnic Equity in Colorado (2013)*
- *Policy Brief on Mental Health Disparities in Colorado - Full Report (2006)*
- *Policy Brief on Mental Health Disparities in Colorado - Summary (2006)*

### RELATED LINKS

- *A Profile of Health Insurance Exchange Enrollees*
- *A Roadmap for Health Equity*



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## Feedback Survey July 25, 2013 Learning Lunch

*Please take a moment to give us your feedback on the event today. Your responses will help us to plan future events like this one. You may leave your completed survey on the table before you leave.*

1) What type of organization are you from?

- ☐ Community organization
- ☐ Policy/Advocacy organization
- ☐ Direct service provider- Health
- ☐ Research/Evaluation
- ☐ Academic Institution/University
- ☐ Government
- ☐ Media
- ☐ Business
- ☐ Community member
- ☐ Foundation
- ☐ Other: \_\_\_\_\_

2) What is the primary reason you chose to attend this event today?

- ☐ The topic was of interest to me
- ☐ The speaker was of interest to me
- ☐ Networking with community members
- ☐ My relationship with The Colorado Trust
- ☐ I'm here for the free lunch
- ☐ Other: \_\_\_\_\_

3) How relevant did you find the topic discussed today to your work?

- ☐ Highly relevant
- ☐ Somewhat relevant
- ☐ Neither relevant or irrelevant

6) Are you interested in attending future events like this?

- ☐ Yes    ☐ No    *Why not?* \_\_\_\_\_

*If yes, I would prefer to attend:*

- ☐ In person   ☐ Stream online   ☐ I would like to have both options

7) After attending this event today, do you feel more inclined to take action to promote health equity?

- ☐ Yes    ☐ No

*If not, why not?*

- ☐ I already take action to promote health equity in my work; this has not changed
- ☐ It is not a high priority for me/my work, but I hope that others address it
- ☐ I do not feel that it is an important issue to address
- ☐ Other: \_\_\_\_\_

8) Will you take any action based on this event?

- ☐ I will take the discussion materials provided by The Trust back to my organization
- ☐ I will share the recording of this event with others in my organization (*available shortly on The Trust's website*)
- ☐ I will encourage others to attend future events like this one
- ☐ Other: \_\_\_\_\_
- ☐ It is unlikely that I will take any action

9) Prior to this event, were you aware of the option to stream this event online?

- ☐ Yes    ☐ No



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**Thank you for joining us!**